2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90637 040 ***158.75

DOCUMENT # 838745

1. Entity Name
STONCOR GROUP, INC.

Principal Place of Business	Mailing Address
1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052	1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **56-0184790** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REIF, DAVID P 223 HICKORY LANE HADDONFIELD, NJ 08033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Reif, David P. 35 Legion Lane Haddonfield, NJ 08033	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KARMAN, JAMES A 2628 PEARL RD MEDINA, OH 96930	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rice, Ronald A 2628 Pearl Rd. Medina, OH 44256	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP ZIKMUND, DONALD R 504 EAGLEBROOK DRIVE MOORESTOWN, NJ 08057	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Sullivan, Frank C. 2628 Pearl Rd Medina, OH 44256	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP FYNAN, MARGARET R 150-B BIRCHWOOD CT MT LAUREL, NJ 08054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TOMPKINS, KELLY P 2628 PEARL RD MEDINA, OH 96930	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT MCGONIGLE, MARK E 3 PROVIDENCE RD MARLTON, NJ 08053	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT McGonigle, Mark E. 31 Sorrel Run Mount Laurel, NJ 08054	☑ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark E McGonigle 3-10-03 850-795-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #